# PAYFLEX MEMBER WEBSITE

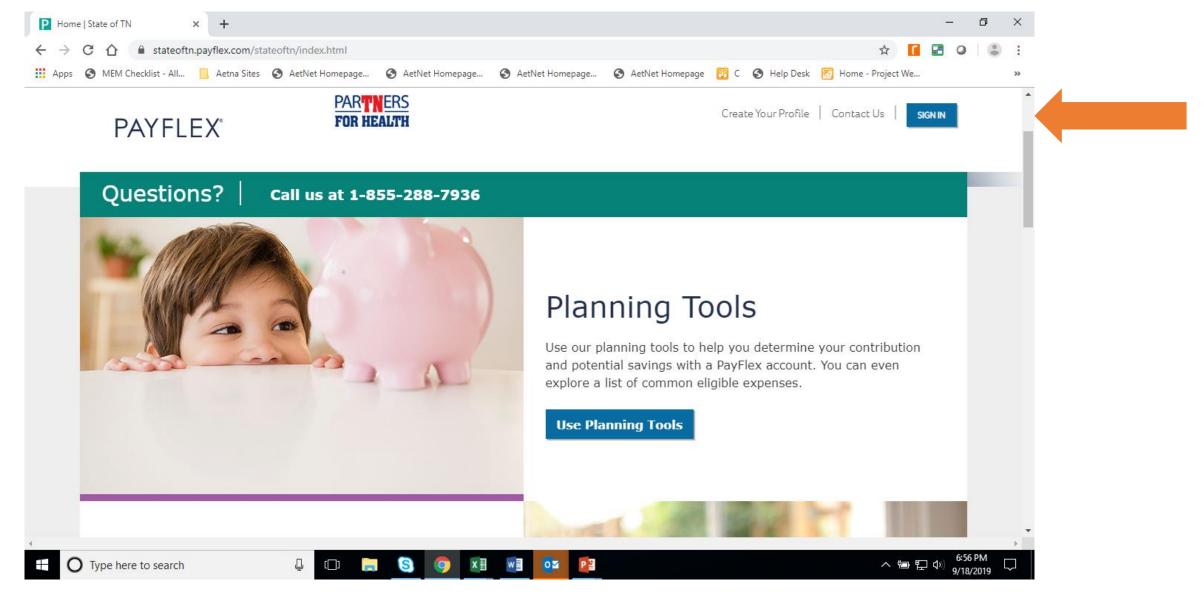
Create Your Profile & Sign In

PAYFLEX®

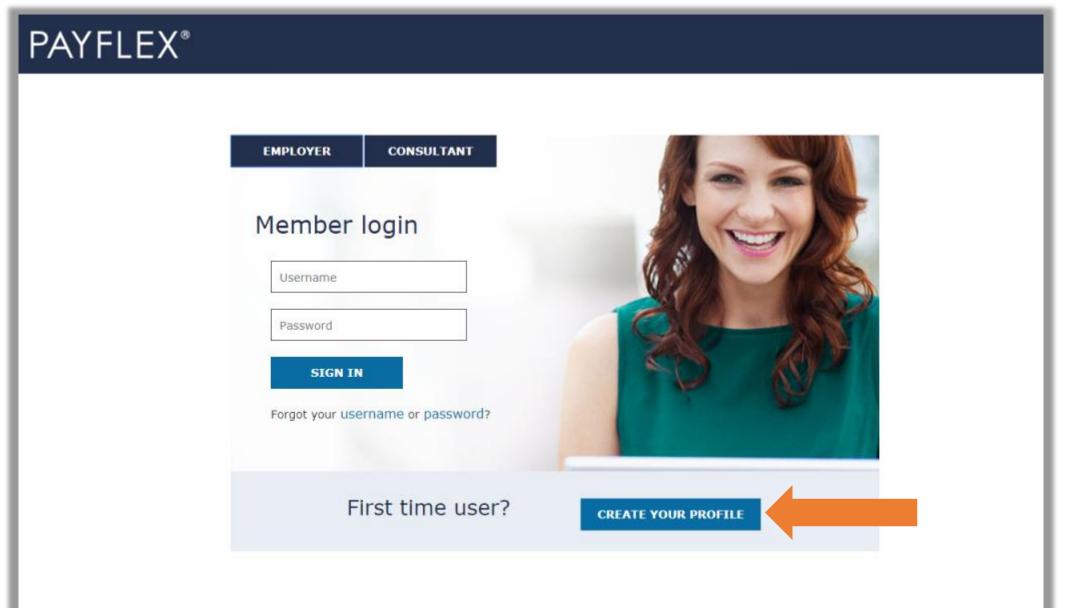
## Member website experience – Create Your Profile & Sign In

- Members may access the PayFlex member website from:
- stateoftn.payflexdirect.com

# Go to stoftn.payflexdirect.com. Click on SIGN IN.



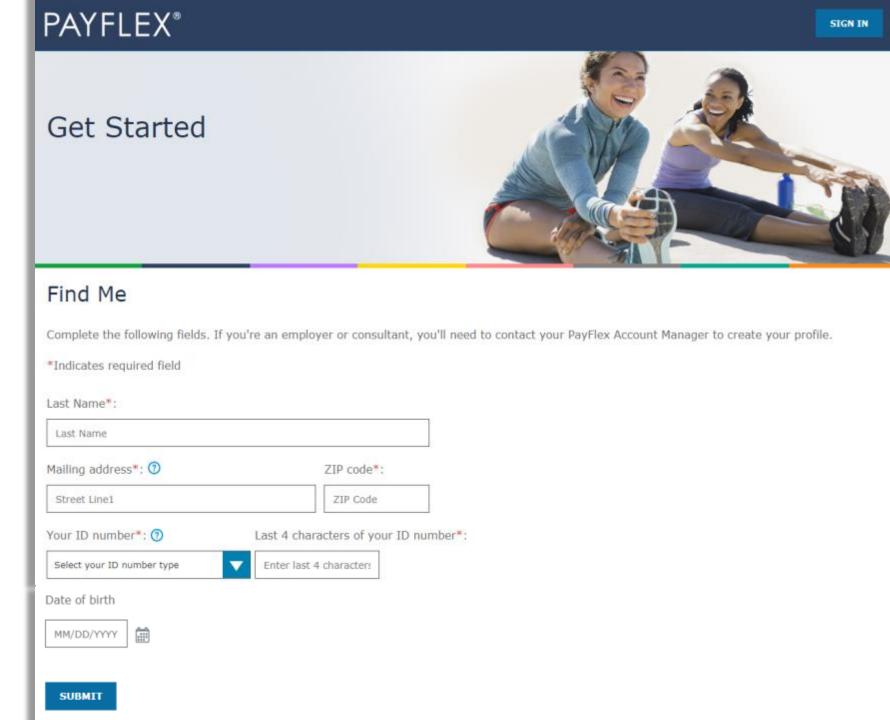
## Select CREATE YOUR PROFILE.



# Complete this page to verify your identity.

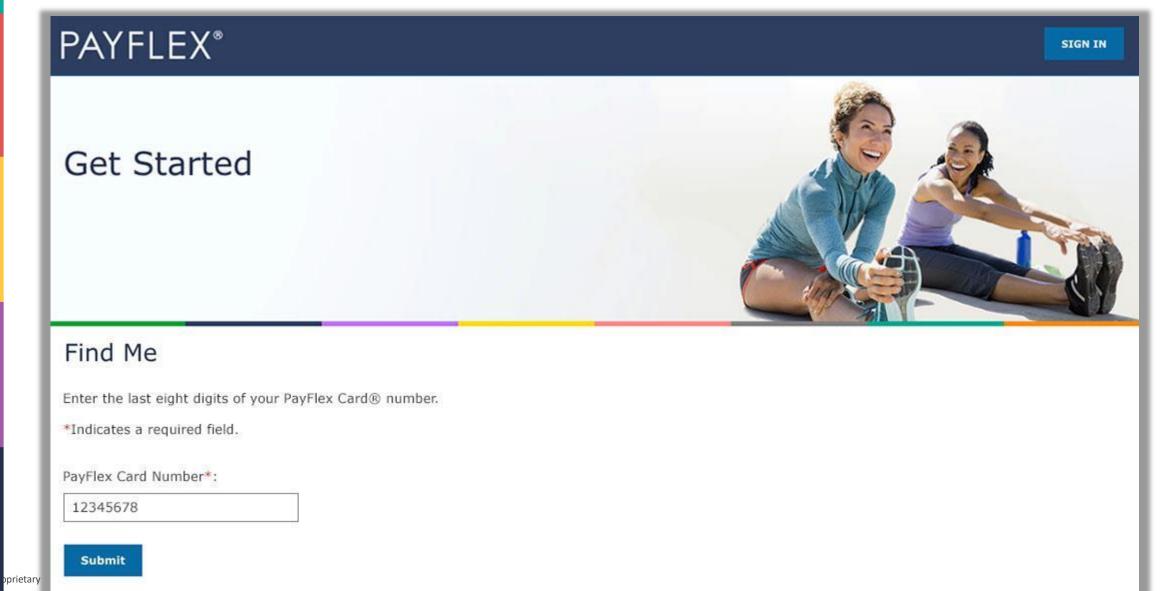
## **QUICK TIPS**

- Your ID number This may be your Social Security number, Employee ID or employer designated number.
- If your account includes a PayFlex Card®, be sure to have it nearby. You'll need to enter the last 8 digits of your card number after this page.



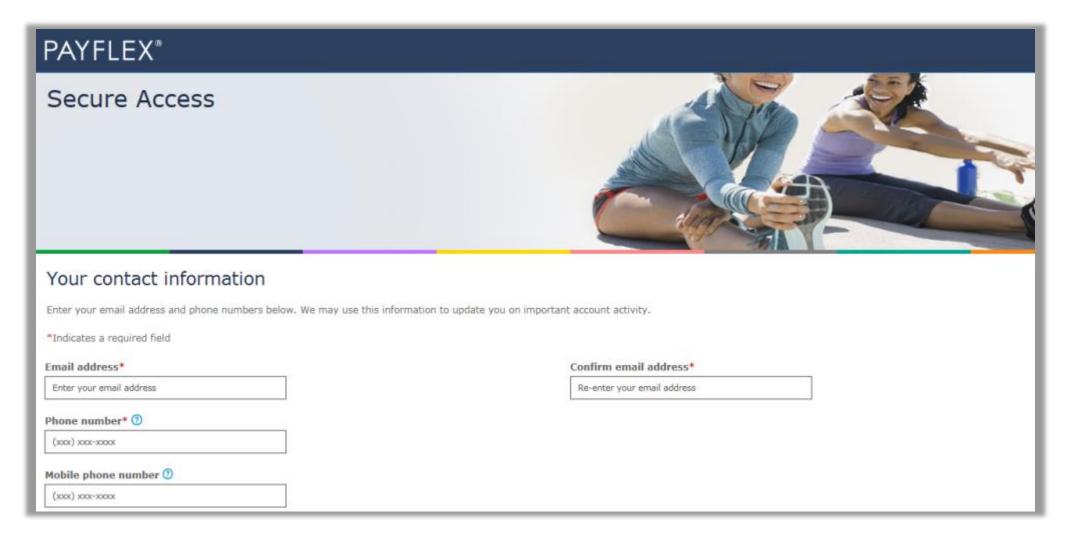
# For cardholders only – enter the last 8 digits of your card number.

If your account does **NOT** include a PayFlex Card®, you won't see this page.



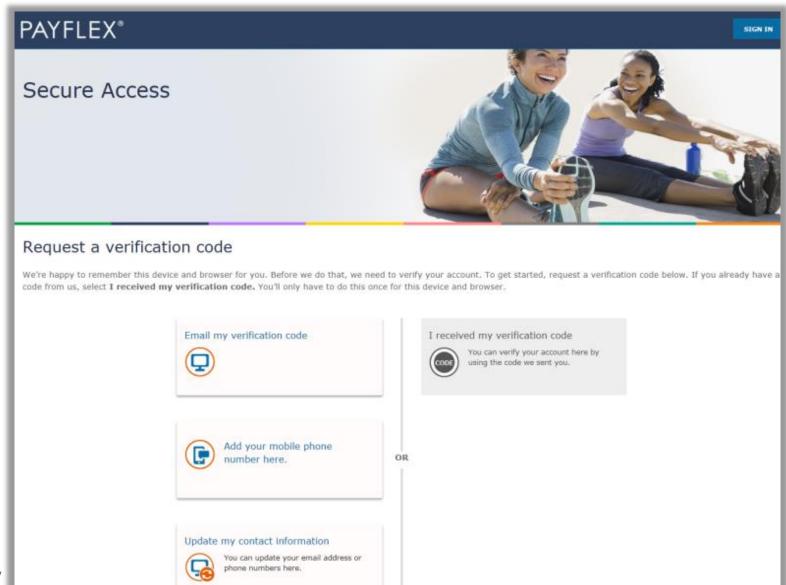
## Enter your email address and phone number.

• We may use this information to update you on important account activity.



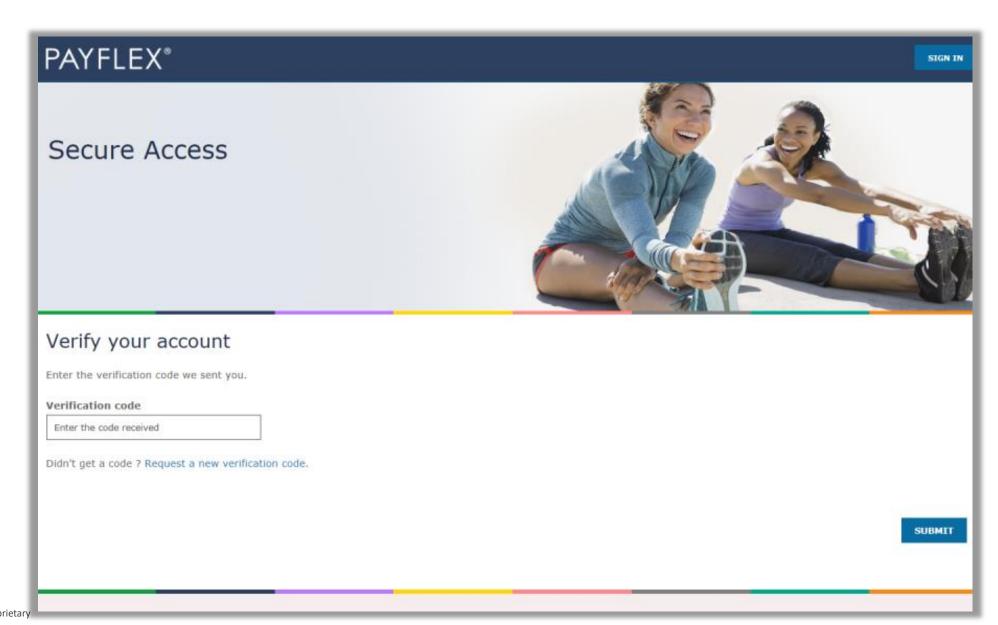
## Request a verification code to be sent by email or text.

This is how we verify your account. And it helps us remember your device and browser the next time you login.



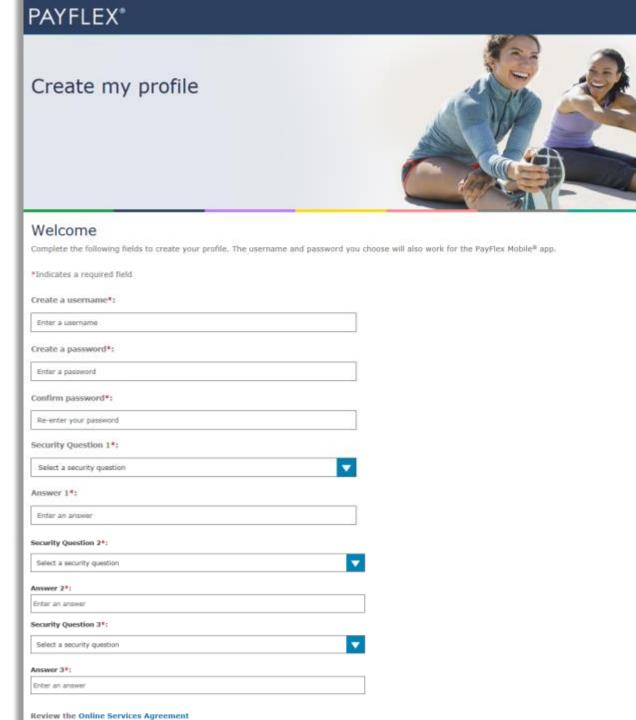
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# Enter your verification code.

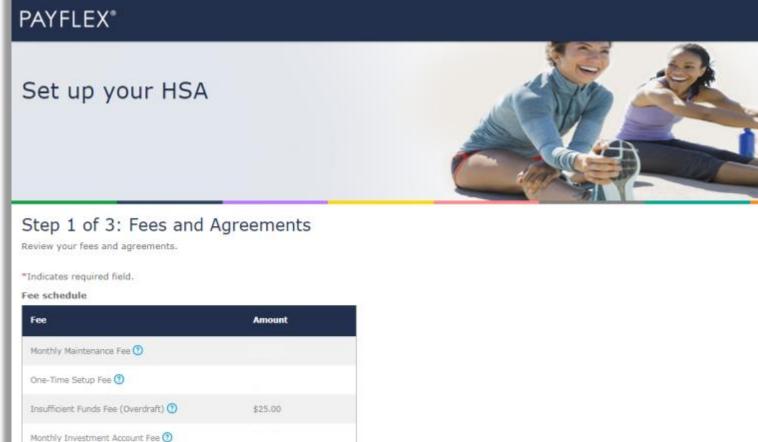


## Create your profile

- After you verify your account, you'll create your profile. We'll ask you to:
- Create a username and password
- Set up security questions and answers
- Review/accept the Online Services Agreement
- QUICK TIP: After you create a username and password, you can use it to log into the PayFlex Mobile® app.



If you're a new HSA member, you'll need to complete a few steps to set up your HSA.



SAVE AND CONTINUE

\$25.00

I have received, read, understand and agree to the terms of the agreements, including the fees.™

Deposit Item Returned (7)

Account Closure Fee 3

Your initials\*

Bill Pay (postage included) (9)

Monthly Paper Account Statement (2)

**Review the HSA Custodial Agreement** 

Enter your initials

## Set up your HSA



### Step 2 of 3: Personal Information

Complete all required fields.

"Indicates required field.

Name Tucker Sebastian

Address 7612TH

Omaha

NE 68154

Social Security number XXX-XX-3676

Date of birth 04/01/1999

Marital status\*

Select your marital status



High deductible health plan start date\*

01/01/2018



Under Internal Revenue Service (IRS) regulations, the high deductible health plan (HDHP) start date helps determine when an HSA can be opened and how much you can contribute to your HSA. You or your employer provided an HDHP start date shown above. If you were enrolled in an HDHP prior to this date, you should update your HDHP start date on this page, PayFlex is not responsible for determining the accuracy of this information.

High deductible health coverage\* 3

Select your coverage type



SAVE AND CONTINUE

## Set up your HSA



#### Step 3 of 3: Beneficiaries

#### Add a primary beneficiary

You can name a person, trust, or your estate as your primary beneficiary for your HSA. The primary beneficiary will receive any remaining balance in your HSA after your death. You can have more than one beneficiary. If you do, you'll need to assign percentages to each beneficiary. The percentages determine the amount each beneficiary will receive from your

You can also name a contingent beneficiary. A contingent beneficiary receives your HSA balance if your primary beneficiaries are deceased at the time of your death. If you need to make changes later, you (the account holder) can do it in Account Settings.

"Indicates required field.

#### Select your primary beneficiary\*

Select type of beneficiary



#### Beneficiary Terms

- If all of my beneficiaries predecease me, my HSA funds will be paid to my estate.
- . If my spouse is my beneficiary and receives my HSA, they may choose to continue the HSA in their name. This is subject to the HSA Custodian's consent. My spouse must also provide a written election, sign the forms and provide the required information to the HSA Custodian to open an HSA with PayFlex.
- If my beneficiary is not my spouse, the HSA terminates as of my date of death and any remaining balance is paid to my beneficiary(ies).
- I understand that in certain states, my spouse's consent may be necessary if I wish to name a person as my beneficiary other than or in addition to my spouse. I also understand that I should consult with my attorney before making this type of beneficiary designation.
- . By naming a beneficiary, I represent and warrant to the HSA Custodian that this beneficiary designation satisfies all legal requirements under applicable law and, on behalf of myself, the beneficiary or beneficiaries, my heirs and my estate, I hereby indemnify and hold the HSA Custodian harmless from and against any and all claims, damages, liabilities, and costs (including attorney's fees) arising as a result of the HSA Custodian's payment of my HSA balance in accordance with this beneficiary designation.
- . The HSA Custodian may ask my beneficiary(ies) for proof of identity and entitlement to payment before making a final payout from my HSA.



### Set up your HSA



#### Step 3 of 3: Beneficiaries

#### Add a primary beneficiary

You can name a person, trust, or your estate as your primary beneficiary for your HSA. The primary beneficiary will receive any remaining balance in your HSA after your death. You can have more than one beneficiary. If you do, you'll need to assign percentages to each beneficiary. The percentages determine the amount each beneficiary will receive from your HSA.

You can also name a contingent beneficiary. A contingent beneficiary receives your HSA balance if your primary beneficiaries are deceased at the time of your death. If you need to make changes later, you (the account holder) can do it in Account Settings.

"Indicates required field, Select your primary beneficiary\* Beneficiary first name\* First name Beneficiary last name\* Last name Address\* Address line 1 Address Line 2 Address line 2 City\* State\* ZIP code\* City Select state Zip code Social Security number\* Social security number Relationship\* Select relationship Phone number (1000) 1000:10000 Date of birth\* MM/DD/YYYY Beneficiary Terms

